

Unannounced Care Inspection Report

8 March 2021



Lisburn Intermediate Care Centre

Type of Service: Nursing Home (NH)
Address: 119b Hillsborough Road, Lisburn, BT28 1JX
Tel No: 028 9266 9523
Inspectors: Sharon McKnight

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 63 persons. The home provides both short term intermediate care and long term care.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Maureen Claire Royston	Registered Manager and date registered: Alfie Corvea - 19 March 2020
Person in charge at the time of inspection: Sally Pacia	Number of registered places: 63
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 49

4.0 Inspection summary

An unannounced inspection took place on 8 March 2021 from 09:45 to 17:15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)
- environment
- leadership and governance.

Patients told us they were well cared for and were content in the home. Examples of their comments are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	X	X

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sally Pacia, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 12 patients and 14 staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for the week commencing 8 March 2021
- a selection of patients' care records
- accident and incident reports
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- records of audits
- record of complaints and compliments
- monthly monitoring reports for the period November 2020 – January 2021.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. .

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 2 Ref: Standard 14.26 Stated: Second time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 2.8 Stated: Second time	The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week commencing 8 March 2021 confirmed that the staffing numbers identified had been consistently provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with fourteen members of staff, who displayed great commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoken with were satisfied with the current staffing and spoke positively of the support provided by the management team within the home.

Patients told us:

"They (staff) are very good here, I'm happy."

"I can use the buzzer and they always come fairly quickly."

"They (staff) are always very helpful."

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

We spoke at length with housekeeping staff who discussed the current pandemic and the impact on their working routines, communication within the home and the recent changes to the recording of cleaning schedules. We shared their comments with the manager who explained that a meeting was scheduled and that they would discuss the issues further with staff at that time.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2 Care delivery

We spent time on all floors during the day. The atmosphere throughout the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. The number of chairs in the lounges had been reduced to allow for them to be appropriately spaced. Staff were knowledgeable of the importance of social distancing but at times, especially in the dementia unit, were challenged in maintaining it with the level of understanding many of their patients had.

We spoke at length with the Personal Activity Leaders (PAL); there was recognition of the increase support patients required as a result of the pandemic and the reduction in contact and visits from their loved ones. In response to this the provision of PAL hours had been increased. We discussed the provision of activities and the challenges of delivering a programme in the current pandemic. On the morning of the inspection activities patients were involved in a quiz. Examples of other activities delivered include supporting armchair exercises, crafts, social games and pamper days. The activity co-ordinators also support the patients with face to face visiting and video calls to their loved ones.

We discussed the arrangements for patients to receive visitors. Visiting for all patients was facilitated in two designated rooms located on the ground floor and the lower ground floor; both of which were accessed directly from the outside. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Separate arrangements were in place to ensure patients, who were receiving end of life care, could be visited by their loved ones. Care partner arrangements were also in place for a number of patients; the care partner arrangements were being managed in accordance with the Public Health Agency (PHA) guidance.

The home had received numerous letters and cards of support throughout the current pandemic. The following is an examples of a comment recorded in a card.

“Thank you for all you help and kindness to me during my stay at the care home. I appreciate everything and everyone being so thoughtful.”

6.2.3 Care records

A range of assessments, to identify each patient’s needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SLT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

All of the staff spoken with were knowledgeable of individual patient need and of each patient’s routine for that day.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. A review of records confirmed that staff assisted the patients to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

We reviewed two patients’ needs in relation to wound prevention and care. Records confirmed that the frequency with which wounds were dressed was in keeping with the care plan instructions. One care plan had not been updated to reflect a recent change in the wound and dressing regime; this was identified as an area for improvement.

We saw that records were maintained of patients’ daily dietary and fluid intake. A number of patients had a fluid balance chart and a daily food and fluid chart completed. There were variances in the daily total of fluids between the two charts. This dual method of recording daily fluids should be reviewed to ensure that daily fluid intakes are consistently and accurately recorded.

6.2.4 Infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)

On arrival to the home we were met by a member of staff who recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. There were also signs displayed stating that the home was closed to visitors and that any caller must not proceed into the home but wait for a member of staff.

We found that there was an adequate supply of PPE throughout the home. The additional supply of PPE was stored securely from which the PPE stations were replenished daily. However in the evenings and at the weekends there was not always a member of staff on duty who could access the additional supplies if needed; this was identified as an area for improvement.

Staff spoken with were knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Records evidenced that regular hand hygiene audits were completed monthly and evidenced good compliance with best practice.

The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home was part of the national Covid-19 screening programme for care homes with staff being tested weekly and patients being tested monthly.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. The paint work on a number of walls, skirting boards and door frames was damaged and in need of re-painting. The deputy manager explained that there was a refurbishment plan in place, however, progress had been delayed due to the current pandemic. Progress with refurbishment will be reviewed at the next inspection.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

6.2.6 Leadership and governance.

There have been no changes to the management arrangements since the previous inspection. The manager continues to be supported by the deputy manager who was available throughout the inspection and knowledgeable of the day to day operation of the home. Support is also provided by a nursing sister, charge nurse, administrator and the regional manager.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records and environment audits were also carried out monthly.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received.

We examined the reports of the visits made on behalf of the registered provider for the period November 2020 to February 2021. Where any issues were identified, an action plan was included in the report. The action plan was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staffing, staff commitment to patient care, the arrangements for patients to receive visitors, the provision and usage of PPE and care delivery.

Areas for improvement

Areas for improvement were identified with the access to the stores of PPE and care records.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients' individual needs. The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sally Pacia, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: Ongoing from the day of the inspection	<p>The registered person shall ensure that the nurse in charge of the home, in the absence of the manager, has access to additional supplies of PPE.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: On the same day of inspection, PPE stocks were transferred to the Maintenance Store, where the nurse in Charge of the building has access to key to open. Also discussed during staff meetings and flash meetings how to access the PPE stocks</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 5 April 2021	<p>The registered person shall ensure that care plans are updated to accurately reflect any changes to wounds and the associated dressing regime.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision was completed with all Nurses to triagnulate documentations for wound care management. Home Manager and Deputy is also checking the wound care documentation weekly to ensure care plans are updated accurately and reflecting any change on the dressing regime</p>
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: 5 April 2021	<p>The registered person shall ensure that the dual system of recording daily fluids is reviewed to ensure that daily fluid intakes are consistently and accurately recorded.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision was completed for all staff to ensure that daily fluid intake of residents are consistent and accurately recorded, especially for those on both Fluid Balance Chart and Food and Drinks Chart. Thereby only the food column is filled out in the Food and Drinks Chart, and all fluid entries are reflected in the fluid chart when a resident has two supplementary charts</p>

Please ensure this document is completed in full and returned via Web Portal



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